Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2459

File No. 189

Registered No.

1. PLACE OF DEATH

County. Rowan

Vol. Pct. No. 7

Ins. Town

City

Registration District No. 1310

Primary Registration District No. 7337

(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Rose Mary Hall

(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH 8-12-37

7. AGE Years Months Days If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (State) spent in this occupation.

12. BIRTHPLACE Clearfield

FATHER

13. NAME Burnice Hall

14. BIRTHPLACE Rowan Co.

MOTHER

15. MAIDEN NAME Georgia Katie Lee

16. BIRTHPLACE Rowan Co.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 8-13-, 1937

19. UNDERTAKER Tomerlin

(Address)

20. FILED 8/13/37, 19 Onida Nickell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1937 to , 19
I last saw h[illegible] on 8-12, 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Asphyxia - 215	
Still born	
Breech Delivery	

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Everett D. Blair M. D.

(Address) Morehead, Ky

MARGIN RESERVED FOR BINDING

M. S. WRITE PLAINLY, with UNFADING INK—This is a PERMANENT RECORD. Every item of information should be carefully supplied. CAUSE OF DEATH: Should also be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF DEATH is public forms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc- tions on back of certificate.